

**MARY HEALTH OF THE SICK  
CONVALESCENT AND NURSING HOSPITAL**  
2929 Theresa Drive  
Newbury Park, CA 91320  
Telephone (805) 498-3644

Conducted by the Sisters Servants of Mary

Dear Applicant:

In order to be considered for admittance to Mary Health of the Sick, the following application forms must be completed in entirety.

- All applications will be kept on file for one year. In the fall of every year we update our waiting list and you will receive a letter inquiring if you still want to remain on the list.
- At that time, if you are on the **READY NOW** list and if there have been any changes in either the applicant's health or financial situation, please mark the appropriate box. If there have been changes, we will send you a copy of your previous application and a blank set of forms for you to update and return to us for inclusion in the applicant's file. If you are on the **NOT READY** list we will require an update at the time you become **READY NOW** and annually thereafter.
- In order to remain in the current pool of applicants, this notice must be returned to the Mary Health Business Office within 30 days. If we do not hear from you within this period of time, it will be assumed that Mary Health should no longer consider the individual a candidate for admission. In such a situation, the applicant's file will be removed from our waiting list and the application will be destroyed. Therefore, it is extremely important that you advise Mary Health during the year if you have a change in address, phone number or change in admission status. We will admit residents based on the information you provide. The admission status is very important. If you are not quite ready, please circle **not ready** this will not affect your place on the waiting list, as we always use your original application date. Your place on our waiting list remains constant and being on the **not ready** list simply means that we will not call you until we know that you are **ready now** .

We appreciate your cooperation. If you have any questions or would like to come for a tour, please feel free to call the front office. The office is open from 7:00 to 5:30 to schedule an appointment. Tours will be given on Wednesdays during scheduled hours only. We wish it were possible to serve everyone, but the hospital's capacity is limited and the needs of the community are immense.

Thank you for considering Mary Health of the Sick.

Date: \_\_\_\_\_

**MARY HEALTH OF THE SICK  
CONVALESCENT AND NURSING HOSPITAL  
PRE-ADMISSION INFORMATION PACKET**

**GENERAL INFORMATION**

Today's Date		Original Application Date:		<b>Admission Status (Facility Use)</b>
Name of Applicant		<input type="checkbox"/> Male <input type="checkbox"/> Ready Now <input type="checkbox"/> Female <input type="checkbox"/> Not Ready		
Date of Birth	Place of Birth	U.S. Citizen?		
<b>Social Security Number</b>	<b>Medi-Cal/Medicaid Number</b>	<b>Marital Status</b> (circle one) 1. Never married                      4. Separated 2. Married                                5. Divorced 3. Widowed		
<b>Medicare Number</b>	<b>Other Insurance</b>	<b>Method of Payment</b> (circle one) 1. Private Pay (see note below) 2. Medi-Cal/Medicaid 3. Nursing Home Insurance 4. Other		
Current Residence		<b>Type of Residence</b> (circle one) 1. Private home                      5. Acute care hospital 2. Private nursing                    6. Psychiatric hospital 3. Assisted Living                    7. Rehab. hospital 4. Nursing home                      8. Other		
Current Doctor (name and phone number)		Mortuary Arrangements		
Current Diagnosis	Height: Weight: Allergies:	Current Medications		
Responsible Party (name and address)		Phone (h) (w) Cell		
Relationship to Applicant	Do you have Power of Attorney for Health Care? Yes No Do you have Advanced Directives? Yes No			

Note: You are Private Pay if your income and assets will enable you to pay the monthly rate plus ancillaries without government assistance.

Facility Notes
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**MARY HEALTH OF THE SICK  
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PRE-ADMISSION INFORMATION PACKET**

**FINANCIAL INFORMATION**

Note: The information requested on this page is required only if *payment method* is private pay. Please note that this information is to reflect the assets and income available to the Resident. If payment method is Medi-Cal/Medicaid, this information is not required.

**SUMMARY OF CURRENT ASSETS**

<b>Real Estate</b>		
Personal Residence		\$
Income producing property (farm land, commercial bldg., or residential housing)		\$
Other property		\$
<b>Income Producing Securities</b>		
Stocks, Bonds, Mutual Funds, CD s etc. (current value)		\$
<b>Other Assets</b>		
Equity in a Life Insurance or Annuity Policy		\$
Bank Account(s) and Savings Accounts, etc.		\$
<b>TOTAL ASSETS</b>		\$

**ANNUAL INCOME**

Real Estate	Rental Income (less expenses)	\$
Securities	Dividends, Interest, Capital Gains Distribution.	\$
Social Security	Annual Total	\$
Pensions	Other than Social Security	\$
Annuity Insurance	Total Annual Income	\$
Personal Trust	Guaranteed Annual Total	\$
Other		\$
<b>ANNUAL INCOME</b>		\$

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Responsible Party)

\_\_\_\_\_  
(Date)

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Conducted by the Servants of Mary, Ministers to the Sick

October 2003

Dear Applicant:

Since the age and medical condition of our applicants change constantly, it is extremely important that our information be kept current. Once a year, we check with you to make sure your admission status, health information and financial information is still valid.

- This notice must be returned to the Mary Health Business Office within 30 days. If we do not hear from you within this period of time, it will be assumed that Mary Health should no longer consider the individual a candidate for admission. In such a situation, the applicant's file will be removed from our waiting list and the application will be destroyed. Therefore, it is extremely important that you advise Mary Health during the year if you have a change in address, phone number or change in admission status. The admission status is very important.
- Currently, you are on the **READY NOW** list. This means that we assume that you will be ready to move if we offer you a room. If you are not quite ready, please ask to be transferred to our **NOT READY** list. We always use your original application date when choosing residents so your place on the list remains constant. We will admit residents based on the information you provide.
- If there have been any changes in either the applicant's health or financial situation, please mark the appropriate box and we will send you new forms to complete and a photo copy of the application we have on file for comparison purposes. After you have updated the information please return to us for inclusion in the applicant's file.

We wish it were possible to serve everyone, but the hospital's capacity is limited and the needs of the community are immense.

Thank you for considering Mary Health of the Sick.


READY NOW NO CHANGES

READY NOW UPDATE NEEDED

NOT READY AT THIS TIME

Due Date: \_\_\_\_\_

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October 2003

Dear Applicant:

In the Fall of each year we review and update our Waiting List. You are currently listed as NOT READY and, therefore, we do not require you to update your application at this time. However, we do ask you to check one of the boxes below and return this letter to Mary Health if you want your name to remain on the waiting list.

Since the age and medical condition of our applicants change constantly, it is extremely important that our information be kept current. When the time comes for you to change from the not ready to the ready now list, we will send you a photo copy of your current application along with a blank set of the same forms. If there have been any changes in either the applicant's health or financial situation, the updated pages containing current and accurate information are to be mailed back for inclusion in the applicant's file. If no significant change is seen, attach a cover note so stating and return this letter to the hospital.

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**YES KEEP ME ON THE WAITING LIST**

**NO PLEASE REMOVE MY NAME FROM THE WAITING LIST.**

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